Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			20				Γ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =		• 2			X40=		OR	X80=	160.02
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=			+270=	
* If	the difference	in column 1 is	less than z	ero, ente	r "0" in c	olumn 2	L	TOTAL		OR OR	TOTAL	870 v
CLAIMS AS AMENDED - PART II								TOTAL		On	OTHER	
	C	(Column 1)	(Column 2)			(Column 3)		SMALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIM		!	+135=		OR	+270=	
							L	TOTAL		00	TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	А	DDIT. FEE		JO. 1	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	T CL AINA	=		X40=		OR	X80=	
	ringi Phese	INTATION OF MI	OLTIPLE DE	PENDEN	I CLAIN		' [+135=		OR	+270=	-
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)			 -			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM] -			OR		
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
**	If the "Highest Nu	mn 1 is less than ti mber Previously Pr imber Previously P	aid For" IN TH	IS SPACE	is less tha	n 20, enter "20.	." Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		nber Previously Pa					er foun	d in the app	ropriate box	in co	lumn 1.	

}

Application or Docket Number